

Tanzania AIDS Week in Review

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More than 130,000 young people are HIV positive

At least 132,000 young people in Tanzania below the age of 15 live with HIV/Aids, it has been revealed.

The Tanzania Commission for Aids (Tacaids) executive chairperson, Dr Fatma Mrisho, said that this called for concerted efforts to equip them with information and services based on specific needs and situations.

Current national statistics show that 60 per cent of all new HIV/Aids infections involve young people below 24 years of age. It is estimated that 32 per cent of Tanzanians are between 10 and 24 years old. Dr Mrisho observed that young people needed to access appropriate non-judgmental information guiding them for a

healthy productive life.

Speaking at the launch of a booklet titled "Young People Living with HIV and Aids" recently in Dar es Salaam, she said Aids among the youth was worrying.

The booklet was published under the Tanzanian German Programme to Support Health (TGPSH) of the German Cooperation Office.

Dr Mrisho noted: "Most young people, especially young women living with HIV/Aids, do not have full information. The situation is worse for young people belonging to marginalised groups and those in most risk situations."

According to her, young people with HIV/Aids continue living in fear thinking that they will not be able to meet their dreams.

She added that awareness will



TACAIDS Executive Chairperson, Dr Fatma Mrisho

help them understand themselves better. The TGPSH programme manager, Dr Inge Baumgarten, noted that stigma and discrimination around HIV and Aids were still among the big challenges for individuals, their friends and loved ones, their families and communities living in Tanzania.

She explained: "Young people

aged 10 to 24 years form one of the most important target groups for sexuality and HIV interventions - be it prevention, care or treatment."

She said they have several questions preoccupying them beyond HIV and are often left ignored for questions about puberty,

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For children and adolescents with HIV infection, the recent Food and Drug Administration (FDA) approval of the use of raltegravir, an antiretroviral drug that slows the spread of HIV infection, offers a new weapon to treat HIV infection in children.

So says Sharon Nachman,

Drug to Treat HIV in Children Shows Promise Via National Clinical Trial

M.D., Associate Dean for Research and Professor of Pediatrics, Stony Brook University School of Medicine, and the Principal Investigator and Study Chair of a national multicenter clinical trial that studied the safety and efficacy

of raltegravir in HIV-infected children and adolescents.

The FDA approved raltegravir for use with other antiretroviral drugs for the treatment of HIV infection in children and adolescents ages 2 to 18 years on De-

cember 21. Approved for use in adults in 2007, raltegravir is part of a class of medications called HIV integrase inhibitors.

In the clinical trial, sponsored by the National Institute of

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Our Vision:

A recognized strong media association in and out the country that can bring about enhanced and effective HIV and AIDS media coverage and contribute to a reduction of the spread of HIV in Tanzania

Children Living With HIV Hosted to Gala

Over 150 children living with HIV/Aids, drawn from various homes in Musanze District, were recently hosted to an annual gala, where they gave testimonies of their daily living, challenges and how they have managed to cope.

The children, aged between 8 and 20 years, many of whom are orphans, receive antiretroviral treatment and care from Ruhengeri Hospital.

The get-together party was organised by UNICEF in partnership with the hospital.

The end-of-holiday camp was spiced up by music, dance and drama, which illustrated how children living with HIV should conduct themselves, especially during adolescence, and a message of hope. According to Dr Grace Muriisa, from UNICEF, the psycho-social needs of the



Children Living with HIV are having light moment as they take a group photo; they need to be shown love by surrounding societies.

children have not been fully addressed in various healthcare systems, calling for constant care and support for the kids.

"This has to be a multi-sectoral approach, not just to provide drugs, but to look at all of their needs. Many of them are orphans, don't go to school and are aware of their HIV status; and have a lot

of emotional and psychological challenges that are not fully addressed" Dr Muriisa said.

"We have to give them hope for tomorrow and help them develop their potential, regardless of their status."

The children were given scholastic materials, gifts, and hosted to a luncheon, also attended by

parents and guardians.

"I live like other children at school. I informed our school head teacher about my status because sometimes, I feel I need medical check-up. I take ARVS every day, the school administration understands my situation, I don't feel stigmatised at all," said Mwizerwa Abuba, a Senior Five student at E.T Karuganda, Burera District.

To Niyonkuru Kalisa, 20, a S.5 student at ESIR-Musanze, his HIV status does not affect his studies, neither does he feel sorry for himself because he was born with it and has never been sick.

"Nobody knows my status at school," Niyonkuru said.

Dr John Karach, the director of Ruhengeri Hospital, urged parents and guardians to offer psycho-social support to the children, help them take the ARVs as recommended, and support them to live with HIV without stigmatisation

Source: The New Times

More than 130,000 young people are HIV positive

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relationships, love and sexuality.

She said in realising the gap, in 2000 the TGPSH started embarking on developing question – and answer booklets that responded to what young people really want to know about sexuality, HIV and Aids as well as reproductive health.

The development of the information material involved other stakeholders and followed a systematic and rigorous participatory process that involved young people (target group) by giving them opportunities to ask the questions they had. There are now 13 series of booklets in place.

Over the years the programme has supported the distribution of more than a million sets of the booklets to target groups, NGOs and individuals working with the youth.

Source: The Citizen

Drug to Treat HIV in Children Shows Promise Via National Clinical Trial

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Health's National Institute of Allergy and Infectious Diseases, all of the 96 patients enrolled had previously been treated with a regimen of other HIV medications before raltegravir.

After being treated for 24 weeks with raltegravir, 53 percent of the patients had an undetectable amount of HIV in their blood.

"Raltegravir is an important new option for children with HIV. The trial shows it has an excellent efficacy profile in children with HIV who have failed other regimens and is also effective against the virus regardless where the child lives around the world," says Dr. Nachman.

"The data also shows no significant toxicities or interactions with other HIV medications."

The formulation of raltegravir in children is a pill that can be taken twice daily, with or without food. For younger patients, there is a chewable form.

Dr. Nachman points out that in addition to the drug being an important new option for pediatric patients, the formulations available are more convenient and may help increase patient compliance.

The FDA indicates that the most commonly reported severe, treatment-related side effects in patients taking raltegravir include insomnia and headache.

The frequency of these side effects is similar in adults and children.

Dr. Nachman says that the study of the use of raltegravir to treat HIV in children and adolescents will continue.

Each child enrolled will be followed for five years. During that period, Dr. Nachman and colleagues will continue to evaluate efficacy and any long-term complications of the medicine in the patient population.

The study provides the only pediatric data on the use of raltegravir in patients ages 2 to 18 years. Patients are enrolled through Stony Brook and other study locations nationwide. Dr. Nachman says that one of the next steps to advance the study is to evaluate a novel baby formulation.

Source: Science News

THE Grain Marketing Board has re-committed itself in responding to HIV and Aids and has pledged to scale up its current workplace interventions as part of its contribution to an Aids-free generation.

Addressing guests mostly GMB employees at the organisation's belated World Aids Day commemorations held in Harare recently, GMB general manager Mr. Albert Mandizha urged all his staff to have individual roles in curbing prevalence of HIV. "I am appealing to all members of staff to feel free to get tested as this is the gateway into positive living. We can only access treatment when we know our status and equally stay negative if one knows his sta-

GMB Steps Up War Against HIV

tus as well," said Mr. Mandizha. In relation to this year's theme, "Getting to Zero: Zero new infections, Zero deaths and Zero stigma and discrimination", Mr Mandizha urged GMB workers to relegate behaviours that instigate stigma and discrimination among fellow employees. "It is very important that at individual level, we all ensure personal protection against HIV, avoid stigma and discrimination and get

involved in providing care and support to those infected and affected," he said.

Mr Mucheki Mucheki, manager for the Community Enterprise Development Against Stigma (CEDAS), who was the guest of honour at the function, urged GMB to strengthen its programmes through partnerships with Aids service organisations.

Source: The Herald, Zimbabwe

Double Sentence - Aids in a Local Prison

Amadou (not his real name), takes in a long, deep breath, clears his throat and steps to the front of the room. He turns to look out at a familiar group of faces sitting on long wooden benches here at the Camp Penal maximum-security prison in Dakar.

This is the last in a group of 150 inmates Amadou has been speaking with today. He's tired, but remains focused.

"I know your realities," he begins, in his native Wolof. "I've slept on the same mattresses as you, eaten the same food, and showered in the same bathrooms. Today I'm here to talk to you about AIDS. What it is, how we catch it and how to prevent it."

The prisoners are sitting up attentively. Some are smiling and look relaxed. Others have a more serious gaze, stroking their beards and twirling prayer beads round in their fingers repeatedly. For a majority of them, Amadou isn't a stranger. Less than three years ago, he was here, living among the over 800 prisoners, serving a two-month stint.

Amadou was arrested in December 2008, along with eight other men, for allegedly "engaging in homosexual acts" - a serious crime in this majority-Muslim country. He was sentenced to eight years in prison, but the case was later overturned when international aid

groups intervened.

Today Amadou continues to work as a prominent gay AIDS activist, helping promote harm-reduction strategies throughout the country.

Senegal has among the lowest rates of HIV in Sub-Saharan Africa, at less than one percent. But the most vulnerable group is men who have sex with men (MSM), nearly 22 percent of whom are HIV-positive.

Prisons are high-risk environments for the transmission of the disease, due to the prevalence of hard drugs, violence and sexual relations. There is no mandatory testing in prison, and for those prisoners who, either knowingly or unknowingly, are living with HIV, the stresses of living in prison - including overcrowding, unsanitary conditions, and poor nutrition - mean their health is even more compromised. Cyrille (not his real name) is an HIV-positive inmate from Cameroon who is serving a two-year sentence at Camp Penal for theft. He found out he contracted the disease six years ago, when he was hospitalised for a blood clot in his leg.

Every month he goes to the Centre de Traitement Ambulatoire in Dakar for anti-retroviral treatment, which is financed by the Senegalese government. He says he is very worried about his health, because he knows of three AIDS patients who have already

died, and his own doctor tells him he needs to improve his diet.

Alassane Balde, the chief of medical staff at Camp Penal, says all the inmates receive three meals a day, but many prefer to eat food brought in by family members.

But foreigners who are here without family, like Cyrille, do not have this luxury and end up eating an unvaried diet of bread, butter, rice and fish, with few fruits and vegetables or dairy products.

When asked about implementing harm-reduction strategies in the prison, through either a needle exchange programme or condom distribution, Balde remains adamantly opposed. He says they do not have problems with hard drugs, and a condom distribution programme would simply not be tolerated.

"Our religion doesn't permit this," Balde says. "We are Muslims, and as Muslims we don't like seeing that. There is no tolerance for this type of behaviour. It's a taboo subject, and we don't even talk about it."

But Amadou points out that this is a dangerous assumption, because sex between men in prison is a reality, even though people continue to turn a blind eye.

"Everyone knows, whether we admit it or not, that there are sexual relations among men in prisons," Amadou explains after the conference, from his home in Dakar. Since his arrest and the barrage

of media attention that ensued, Amadou and his partner Cheikh (not really name) have been forced to move more than seven times, after landlords discovered their identities. Brendan Hanlon is the chief executive at AVERT, an aids charity based in the UK. He says there is little doubt that HIV rates among prisoners are higher than among the general population.

"There is a lack of HIV prevention programmes, because authorities fear condom or needle distribution will encourage drug use or sexual activity. But the truth is, people will do these things regardless," Hanlon says.

According to Hanlon, a study involving 500 inmates in an Ivory Coast prison found an HIV rate of 28 percent - double the rate of the general population.

And in South Africa - the country with the highest number of people living with HIV in the world, at 5.6 million - between 40 and 45 percent of prisoners are HIV-positive. While no statistics are available for Senegal's prisons, Hanlon believes the rates here would also be higher.

After Amadou finishes his talk at the prison, he asks if there are any questions. A few seconds go by before hands start to spring up. They want to know if they can catch AIDS from sharing tea, going to the barber, whether their baby will have HIV if they do, and how they know when someone is sick.

Source: IPS

Guidelines Stress Caution When Combining Anti-Epileptic, HIV Drugs

New guidelines from the American Academy of Neurology will help physicians better choose seizure drugs for people on HIV/AIDS medication, avoiding deadly drug interactions and preventing critical anti-HIV drugs from becoming less effective, possibly leading to a more virulent strain of the disease.

Michigan State University's Gretchen Birbeck -- who spends several months each year in the sub-Saharan African nation of Zambia researching epilepsy, HIV/AIDS and cerebral malaria -- is the lead author of the medical guideline, which was co-developed with

the World Health Organization through the International League Against Epilepsy.

The research is published in *Neurology*, the medical journal of the academy, and *Epilepsia*, the medical journal of the league.

According to the World Health Organization, more than 33 million people worldwide were living with HIV in 2009. Seizure disorders are common among people with HIV, with up to 55 percent of patients requiring treatment with anti-epileptic drugs, known as AEDs, said Birbeck, a professor of neurology and ophthalmology in MSU's College of Osteopathic Medicine. Until now, formal treatment guidelines did not exist for

those with HIV/AIDS who were in need of AEDs, which treat everything from epilepsy to mood disorders to other neurological ailments.

When certain seizure drugs are combined with HIV/AIDS drugs known as antiretrovirals, or ARVs, one or more of the combined drugs may become less effective or more toxic. Seizure drugs that decrease HIV/AIDS drug levels -- such as phenytoin, phenobarbital and carbamazepine -- may cause HIV/AIDS drugs to fail. "Drug interactions between AEDs and ARVs could result in progression to AIDS and/or reduced seizure control," said Birbeck, also a Fellow of the American Academy of Neurology. "Providing guidelines that help physicians select appropriate therapies for their patients with epilepsy and

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Highlights of HIV/AIDS situation in Tanzania Mainland

The national prevalence stands at 5.7% down from 7% in 2004

Epidemic has stabilized around 6% among those aged 15-49 years (Generalized Epidemic)

Wide regional variation of HIV prevalence between 0.9%-15%

Drivers of the epidemic include transactional sex; low condom use; trans-generational sex and gender inequalities.

National VCT campaign spear-headed by the Head of State has increased uptake to 37%

National HIV prevention budget is 17% of the total HIV and AIDS budget (PER 2007)

Letter to the Editor

Dear Editor

Many Greetings from GRAFCA. First, we would like to wish you with the entire staff of AJAAT a prosperous and Happy New Year 2012. Second, we are glad, to inform you that we have been enjoying very much your AIDS WEEK IN REVIEW NEWS since you started emailing us the review. We thank you.

Being grassroots communicators, the information carried is very vital to us. Recently, we were at the grassroots of Songea Rural District

conducting an awareness workshop on 'Grassroots Accessing Communication' specifically on the anti-stigma and discrimination communication and advocacy. Things are worse there to be sincere. I wish if possible, we could sit together and think of how we can rescue these voiceless communities as they are our brothers and sisters. They really need our voice to help them heard.

Be Blessed,
Regards,

*Dominica C. Haule,
Programme Officer - Grassroots Female Communicators Association (GRAFCA).*

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Weekly quotable quotes!!

I spent the past week here in India getting a sense of the reality of HIV and AIDS in people's lives. Fathers and mothers are dying, leaving children with no support. Stigma and discrimination is ruining the

family lives. There is an urgent need for education, information, and increased awareness of HIV and AIDS. The response needs to be now. We cannot afford to become fatigued."-- Ralph Fiennes



Journalists have an essential role play in helping the society to curb the spread of HIV and AIDS, by dissemination correct information about the disease.

Official Stresses Journalists' Role in Fighting HIV/Aids

The role played by journalists in disseminating actions turned to the fight against HIV/AIDS in the country and the world was highlighted Friday, in Malanje city, by the head of radio and television department of the Provincial Management of Mass Media, Maria Fernanda.

The official, who spoke at the opening of the provincial methodological meeting on the integrated programme of HIV/AIDS for the media, acknowledged that the media has played a leading role in the disclosure of matters related to the danger of the disease, aimed at raising awareness of the popula-

tion. For the event, sponsored by the Association of Angolan Journalists in Fight against AIDS, she said that it will provide major advantages in the minimization of the disease in the region, since journalists are promoters of activities aimed at the eradication of the disease.

In this perspective, Maria Fernanda encouraged the association to continue with this honorable task in order to join the efforts of the Government and other organizations involved in the fight against HIV/AIDS, aimed at reducing adverse effects within the population.

Source: ANGOP

Couples Should Aim to Reduce HIV Infections

Ugh there are talks of breakthroughs in the research into possible HIV treatment, the bleak truth is that right now there is no cure for HIV.

ARVs enhance the quality and length of life for the infected but with international donor funding drying up, the country cannot keep adding to the numbers of people who need treatment.

The current situation where we have high infection rates is just untenable. With the infected needing ever improving services and support systems simply cannot afford to have the bill continue to increase.

The continued high incidence rate of HIV infection within the marriage institution is a reflection of the prevailing attitude that getting married is a method of preventing infection.

Nothing could be further from the truth. Last year statistics revealed that married women had the highest rate of HIV infection compared to any other demographic grouping. Results of a medical study linking high infection rates to the use of hormone-based contraceptives may just be the explanation for that phenomenon.

The condom is the most reliable method to prevent the spread of HIV after abstinence but it is not a secret that most men will not even think of using condoms with their wives or regular partners.

There is a perception that it is only when one engages women of "loose morals" that the topic of condoms should come up as "decent" women are "clean".

But HIV knows no principles and will not select to infect a person based on whether they have signed a marriage certificate or if their parents have received lobola.

It is this attitude that needs serious rethinking, especially on the part of men. All men would like to believe that their wives are paragons of virtue who would never cheat on them.

Infidelity knows no gender. A look at the cases that are brought before the police and the courts any day will show that adultery by both sexes is the major driver of domestic violence and divorce.

This means that no one can afford to be complacent in any relationship. Each one of us has to stop thinking about HIV as a remote chance

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HIV/AIDS will ultimately improve patient outcomes and possibly decrease the public health threat of the development of drug-resistant HIV."

In early 2011, Birbeck was awarded a \$245,000 grant from the National Institute of Neurological Disorders and Stroke to conduct a cohort study in Zambia -- where rates of epilepsy and AIDS are both high -- to provide data on possible drug interactions that could make HIV drugs less effective or the disease drug

resistant. Because seizure and HIV/AIDS drug choices are limited in developing countries, the risk of drug interactions is higher in those countries. "Future research should target epilepsy and HIV/AIDS drug combinations where choices are limited, such as in developing countries, to better understand the risks," Birbeck said. "It also is important that patients know exactly which drugs they are taking and provide that information to all prescribing health care providers caring for them."

Source: Science News

Aiming Towards Two Million Medical Male Circumcisions

This will be a busy year for Rwanda's health centres as the country attempts to reach its goal of medically circumcising 50 percent of men by June 2013 as part of HIV prevention efforts.

"We plan to extend free male circumcision services to all men in Rwanda - we are targeting two million circumcisions by 2013," said Simoni Kanyaruhango, head of the national male circumcision programme at the Rwanda Bio-Medical Centre.

"The programme has, under the sponsorship of the Global Fund [to fight AIDS, Tuberculosis and Malaria], extended the necessary kits ... to all district hospitals, which will in turn offer the service free of charge to the public."

The free male circumcision programme began in October 2011, and officials at the Ministry of Health say demand is growing. "Here we carry out circumcisions every weekend but we are looking at including the working days as the demand is increasing by the day," said Christian Ntuzimira,

director of Kibagabaga Hospital in the capital, Kigali.

A large randomized controlled trial in Kenya, South Africa and Uganda found that medical male circumcision can reduce a man's risk of contracting HIV through vaginal intercourse by almost 60 percent. In order to reach 80 percent coverage - a target set by UNAIDS and the World Health Organization (WHO) under a new plan to accelerate medical male circumcision in eastern and southern Africa - Rwanda would need to circumcise 1,746,052 men; at present, some 15 percent are circumcised.

However, with a severe shortage of highly trained medical staff - according to WHO, Rwanda has just two doctors per 100,000 population - the goal is unlikely to be met unless lower cadre health workers are involved in the campaign.

Simpler techniques

At present, the programme is using circumcision surgery, the only WHO-approved method.

The government is hoping for WHO approval of a device

known as the "PrePex system", which delivers "bloodless" male circumcision and would reduce the need for a sterile environment, anaesthetic and highly trained medical personnel. The PrePex system works through a special elastic mechanism that fits closely around an inner ring, trapping the foreskin, which dries up and is removed after a week.

"This device has been clinically studied and found effective. We are only awaiting approval from the World Health Organization Technical Advisory Group on technical innovations in male circumcision," said Vincent Mutabazi, lead investigator in the PrePex Clinical study.

"With WHO approval of the device, we could perform male circumcisions anywhere, any time or even run mobile clinics out to remote communities rather than have men travel long distances for the circumcisions," said Agnes Binagwaho, the Rwandan Minister of Health.

Education gaps

Messages on male circumcision have been widely broadcast

using print and electronic media, and health centres are also being used to promote the programme.

However, many in the target population remain unaware or afraid of the procedure. "I know about it of course and I appreciate its importance, but what would happen if I don't heal properly or even heal at all?" asked James Nkuusi, a restaurant owner in Remera, a Kigali suburb. "Besides, my wives are used to me the way I am now - my size, you know. If I got circumcised it would be difficult for me to satisfy them I guess, and I would never let that happen."

Experts say male circumcision does not affect penis size.

Rwanda Bio-Medical Centre's Kanyaruhango said the government had made significant progress in demystifying the procedure. It is also being careful to emphasize that male circumcision must work in conjunction with other HIV prevention methods to be successful. "Male circumcision should only be one element of a comprehensive HIV prevention package, which should include the promotion of condom use, the provision of HIV counselling and testing services and treatment of sexually transmitted infections. And this is what we emphasize," said Kanyaruhango.

Source: PlusNews

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that has nothing to do with us until we fall ill or get tested and find out that we are positive.

Everyone, male and female has to take responsibility to ensure that they themselves do not get infected, or if they are already infected, then they must make sure that they do not pass on the virus to anyone else.

Male circumcision has been found to reduce a man's chance of getting infected with the HIV virus by about 60 percent. But the hormone-based contraceptives are said to double the chances of a

Couples Should Aim to Reduce HIV Infections

woman getting infected and passing on the virus.

So even if a man is circumcised but his wife engages in an extramarital relationship with an infected partner then the chances of that husband catching HIV may still be unacceptably high and it is in his own best interest to protect himself. There is no denying that the condom is not a very romantic addition to a relationship, but then again, neither is HIV.

Forty years ago even the idea of a married woman taking charge of the family's reproductive decisions by going on the pill or injection was anathema. But over the decades a completely new mindset has emerged and now a man thinks it is a very stupid woman who is not on contraceptives of some kind and ends up with an unplanned pregnancy. The same paradigm shift is needed on use of condoms in marriage.

For married couples living with HIV, whether they are both infected or it is one partner with the virus, condoms are a constant companion due to the risk of re-infection. So for married couples to just forego the condom before they are infected is not very clever.

It simply means that they will most probably end up using the condom later when one or both are infected. So if a couple is serious about keeping HIV at bay, the use of condoms on the marital bed has to be discussed before and not after infection

Source: The Herald

How do we move amid less financing for Aids?

Last week saw a number of journalists returning home or to their workplaces presumably a little richer and happier than they were only moments earlier: they had won an array of awards in a competition jointly run by the Tanzania Commission for Aids (Tacaids) and the Association of Journalists Against Aids in Tanzania (AJAAT).

According to the commission, the competition was meant to sensitise, mobilise and motivate media practitioners into making as many critical analyses on the prevalence, incidence and impact of Aids in Tanzania as they had resources for.

Those participating in the competition were also expected to come up with “well-researched” reports with findings, conclusions and recommendations that the

relevant agencies would find invaluable in complementing their efforts to tame the epidemic.

As noted, this time the thrust was on ways to ensure sustainable access of Aids services for marginalised people and those most at risk of being infected with HIV.

This would include highlighting the social and other implications or consequences of continuing to sideline these especially vulnerable groups – and suggest ways out of the quagmire of ignorance, indifference and stigmatisation that often and seriously makes efforts to combat the pandemic fail to reach the desired goals.

It was noteworthy that AJAAT meanwhile commended the media for having played what he said was a pivotal role in the war on Aids principally through the information, education and sensitisation component.

In a very important way, the

association stood reminded of the fact that health or medical interventions can have a lasting impact only if they involve an adequately informed public – which is precisely where, how and why the media join the crusade.

But while the presentation of the Tacaids/AJAAT awards were very much an inspiring development, medical sources close to Ardhi University intimated almost simultaneously that financial constraints hindered the Dar es Salaam-based institution of higher learning from translating into action the massive awareness most students have on the havoc Aids can cause unless arrested soon enough.

We know that, partly owing to the global economic downturn, AIDS funds to countries most in need of assistance is no longer coming in the form of “showers of blessings” as happened previ-

ously but is now slowly but surely dispatched in the form of “mercy drops” – with the horizon promising to be even bleaker in the years ahead.

There is no denying, though, that there have been times when we have had it so good in terms of funding programmes and initiatives aimed at pulling the sting out of the pandemic that we had practically no reason not to register more noticeable achievements than we actually did.

In the face of the shortage of funds that has begun staring us in the face, it is time we put to greater use the three decades of experience we have with interventions meant to tame HIV infections and the spread of Aids.

This means consolidating working links among all stakeholders, without counting out or budgeting out even a single one. After all, as the popular saying goes, people discriminate against one another but HIV and Aids do not discriminate against anybody. These are desperate times; we must move accordingly.

Source: Editorial, The Guardian, Jan. 3rd, 2012

Numbers of Services Provided and People Reached Up Sharply Again in 2011

The Global Fund is continuing to experience solid growth in terms of services provided and the numbers of people reached through programmes supported by the Fund, even as reduced estimates of available resources are forcing the Fund to tighten its belt.

The Global Fund released estimates of the full year numbers for 2011 in time for World AIDS Day on 1 December 2011.

The number of people who received antiretroviral treatment (ART) in 2011 was 3.3 million, an increase of 10% compared to the 3.0 million people who received ART in 2010.

The number of mothers treated to prevent them from transmitting HIV to their babies rose to 1.3 million in 2011, from 1.0 million in



HIV and AIDS service-providers being trained on how render quality services.

2010, up 30%. The number of HIV testing and counselling sessions rose 27% to 190 million in 2011, compared to 150 million in 2010.

The number of tuberculosis cases detected and treated rose to 8.6 million in 2011 from 7.7 million in 2010, an increase of 12%.

The numbers for malaria were also up sharply: The figure shows that 70 million bed nets were distributed in 2011, an increase of

43% over 2010; indoor residual spraying was carried out in 43 million homes in 2011, an increase of more than one-third over 2010; and the number of malaria cases treated with effective anti-malaria drugs also jumped by more than a third, to 230 million in 2011 from 170 million in 2010.

The Global Fund supports around half of all patients receiving HIV treatment in poor countries, and provides two-thirds of

international funding to fight tuberculosis and malaria.

The Global Fund estimates that it will disburse between \$9.5 and \$10 billion to programmes it supports in the period 2011-2013.

The Global Fund announced in November 2011 that because of a sharply deteriorating economic situation, which is placing severe pressure on the budgets of donor countries, the Fund will not be in a position to finance new grants before the end of 2013.

The Global Fund's Executive Director, Professor Michel Kazatchkine, appealed to donors to increase funding, saying that while the latest results showed that programmes supported by the Global Fund were delivering remarkable results, far more could be achieved with additional resources.

Source: Plus/News